

<b>United States Bankruptcy Court</b> <b>BOISE District of IDAHO</b>		<b>PROOF OF CLAIM</b>									
In re (Name of Debtor) <p style="text-align: center;"><b>KENT F. EDWARDS</b></p>	Chapter <p style="text-align: center;"><b>13</b></p>	Case Number <p style="text-align: center;"><b>98-00394</b></p>	<div style="text-align: center;"> <b>UNITED STATES COURTS</b>  <b>DISTRICT OF IDAHO</b> </div> <div style="text-align: center; margin-top: 20px;"> <b>MAR 8 - 1998</b>  <b>M REC'D</b>  <b>FILED</b> </div> <div style="text-align: center; margin-top: 20px;"> <b>THIS SPACE IS FOR</b>  <b>COURT USE ONLY</b> </div>								
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.		<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.             </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.             </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.             </div>									
Name of Creditor (The person or entity to whom the debtor owes money or property) <p style="text-align: center;">First Security Bank, N.A.</p>											
Name and Address Where Notice Should Be Sent: <b>FIRST SECURITY BANK</b> <b>CONSUMER LOAN COLLECTION CENTER</b> <b>P.O. BOX 1807</b> <b>SALT LAKE CITY, UT 84110</b> <b>ATTN: RYAN LATIMER</b>		Telephone No. 800-842-6727, Ext.60381									
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <p style="text-align: center;"><b>4721-0312-5050-0852</b></p>											
1. BASIS FOR CLAIM: <input type="checkbox"/> Good Sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. 114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number: _____ Unpaid compensations for services performed from _____ to _____									
2. DATE DEBT WAS INCURRED: <p style="text-align: center;"><b>JUNE 1, 1992 - PRESENT</b></p>		3. IF COURT JUDGMENT, DATE OBTAINED:									
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.											
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other(Describe Briefly) _____ Amount of arrearage and other charges included in secured claim above, if any \$ _____		Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), *earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -- 11 U.S.C. 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan -- U.S.C. 507 (a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property of services for personal, family, or household use -- 11 U.S.C. 507 (a)(6) <input type="checkbox"/> Taxes or penalties of governmental units -- U.S.C. 507(c) (a)(8) <input type="checkbox"/> Other -- 11 U.S.C. 507 (a)(5) -- (Describe briefly) _____									
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <b>\$6,100.48</b> A Claim in unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		*Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.									
<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____											
5. TOTAL AMOUNT OF CLAIM AT THE TIME FILED: <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">\$ <b>6,100.48</b></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <b>6,100.48</b></td> </tr> <tr> <td style="text-align: center;">Unsecured</td> <td style="text-align: center;">Secured</td> <td style="text-align: center;">Priority</td> <td style="text-align: center;">Total</td> </tr> </table>				\$ <b>6,100.48</b>	\$ _____	\$ _____	\$ <b>6,100.48</b>	Unsecured	Secured	Priority	Total
\$ <b>6,100.48</b>	\$ _____	\$ _____	\$ <b>6,100.48</b>								
Unsecured	Secured	Priority	Total								
<input checked="" type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.											
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtors.			<div style="text-align: center;"> <b>THIS SPACE IS FOR</b>  <b>COURT USE ONLY</b> </div> <div style="text-align: center; font-size: 2em; margin-top: 20px;"> <b>#10</b> </div>								
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.											
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed enveloped and copy of this proof of claim.											
Date <p style="text-align: center;">March 4, 1998</p>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <p style="text-align: center;"><b>RYAN LATIMER, Bankruptcy Adjustor</b></p>										